

Medicaid Billing Tool Kit

<http://www.doe.state.in.us/exceptional/speced/docs/2007-01-31-ToolKit3rd%20Edition.pdf>

New Chapter - Program Compliance

November 2007 Addition to Tool Kit

Chapter 9: Monitoring Medicaid Program Compliance

- Audits: External and Internal
- HIPAA and FERPA
- False Claims Act

Chapter 9, Section 9.1

- Auditing
 - Documentation
 - Self-auditing
 - What to expect if audited
 - ***Sample tools***

Service-Specific Self-Audit Tools

- Documentation Checklists and
- Internal Audit Guidelines for
 - * Audiology
 - * Mental Health
 - * *Nursing – pending approval*
 - * Occupational Therapy
 - * Physical Therapy
 - * Speech Pathology

Sample Documentation Checklist

Medicaid Documentation Checklist for Occupational Therapy Services

Medicaid-participating school corporations must safeguard and be able to produce all documentation required to support claims for medical services billed to Medicaid. This documentation must be available for 7 years from the date of service.

Medical necessity and service authorization:

- ☐ Appropriate referral/order for service: OT referrals must be signed by a physician (M.D. or D.O.), school psychologist or Health Service Provider in Psychology (HSPP)
- ☐ Copy of signed, informed parental consent authorizing service(s) & Medicaid billing
- ☐ Copy of IEP(s) for each year in which Medicaid services were provided and billed
- ☐ Evidence of medical assessment by qualified direct service provider, progress notes, treatment plans, original signed and dated service logs (must include date and time of service, duration of service in minutes, service description & outcome/response/progress, signature and title/credentials of service provider & supervisor's signature for service providers requiring direct supervision by a registered occupational therapist); if applicable, maintain a key to explain abbreviations/codes used by individual therapists to document attendance, services, progress, etc.

Direct medical service provision to a Special Education student:

- ☐ Student name and date of birth
- ☐ Report/copy of initial evaluation outside reports
- ☐ Attendance records for student and providers
- ☐ Copy of current service providers' license(s)/certification(s):
- ☐ File copy of service providers' signature and initials

Financial/accounting records:

- ☐ Copies of claims submitted to Medicaid*
- ☐ Copies of Medicaid Remittance Advice statements*
- ☐ Copies of DOESA54 reports (may be on file with the school financial officer)

*these records may be kept by a claim preparation/billing contractor or other fiscal agent

Sample Internal Audit Guidelines

Chapter 9: Program Compliance
Section 1: Audits: External and Internal

Internal Audit Guidelines

Medicaid-reimbursed **Occupational Therapy** Services

Claim Specific Review (evaluate documentation and compare to billing):

- 1) Is service documentation legible, signed/dated by the service provider? Are the provider's credentials indicated? If not, is documentation available to verify credentials?
- 2) If the procedure code billed was based on time spent providing service to the student, is the billed time verified in the student records?
- 3) Does the content of the service documentation accurately match the description of the procedure code billed?
- 4) Does the date of service billed match the date of service documented?
- 5) If a late service log entry is made (e.g., a subsequent change or addition to an existing record), is it appropriately documented and consistent with school policy?

Treatment Plan/IEP Review (evaluate each plan/IEP and compare to billing):

- 1) Was the OT component of the IEP developed logically based on all assessments/evaluations of the student?
- 2) Is there documentation in the student's file of an appropriate order for occupational therapy services (initial evaluation and treatment services)?
- 3) Are the services billed to Medicaid listed/authorized in the student's IEP or in an IHP that is incorporated into the IEP by reference?
- 4) Is there evidence of monitoring to ensure that the services provided are appropriate (in amount, duration and frequency) to meet the student's needs?

Assessment Review (evaluate assessment; compare assessments with IEP):

- 1) Following the initial evaluation and initiation of services, is there ongoing assessment of progress toward goals and are changes in the student's condition noted?
- 2) Does the initial evaluation support the medical necessity of the Medicaid-billed services included/authorized in the student's IEP? Do ongoing progress notes continue to support medical necessity?

Vary the Focus of Internal Audit Reviews:

- * Evaluate whether each therapist's case load is reasonable.
- * Compare services billed to hours worked. Review notes and service logs for a specific day/week for overlapping times; verify student and therapist attendance on service dates.

FINAL STEP: Revise procedures, educate staff, improve forms/protocols based on findings. *Work with billing agent and school financial officer to refund to Indiana Medicaid any identified overpayments, duplicate payments or incorrectly billed amounts.*

DEL School-based Medicaid site

<http://www.doe.state.in.us/exceptional/speced/medicaid.html>